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AUTHOR Behrens, Troy T.
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ABSTRACT

Many people in western society find it difficult to discuss their feelings, thoughts, and beliefs about death and dying. The exploration of Early Recollections (ER), part of an Adlerian approach which emphasizes knowledge of a person's private logic, offers one way of understanding attitudes toward death. This study was conducted in order to assist counselors in the facilitation of grief and loss therapy. It measured the levels of verbal and non-verbal death-related self-disclosures. College students (n=61) responded to questions on death and dying and these responses were related to their scores on the Collett-Lester Fear of Death Scale (C-LFDS). Students were divided into two groups: (1) non-verbal; and (2) verbal. Non-verbal participants completed the C-LFDS and an ER questionnaire privately. Verbal subject also completed the C-LFDS privately but they were then interviewed by an anonymous research assistant and asked to verbalize their first three significant experiences that introduced them to the concept of death--their ER. Non-verbal members self-disclosed more information about their ER than did the verbal participants. Results indicate that verbal subjects also inconsistently conveyed their innermost thoughts and fears of death. Therefore, individuals may feel more comfortable relaying their feelings and beliefs toward death if they could do so non-verbally. (Author/RJM)

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Conveying Thoughts, Feelings, and Fears: An Adlerian Approach to Addressing Death

Troy T. Behrens

The University of Arizona

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Abstract

Discussing one's feelings, thoughts, and beliefs about death and dying is difficult for many people in Western Society because death is considered a "taboo" subject. The present study interviewed sixty-one college students in order to identify how their verbal expressions pertaining to death and dying related to their scores on the Collett-Lester Fear of Death Scale. Results indicated an inconsistency for subjects in the "verbal expression" group to accurately convey their innermost thoughts and fears as they pertain to death. Implications for future research is provided.

Conveying Thoughts, Feelings, and Fears:

An Adlerian Approach to Addressing Death

Death is a topic few people like to think about and fewer still like to discuss. As a result, it has been said the United States is a death-denying culture (Becker, 1973; Kubler-Ross, 1968). Feifel and Branscomb (1973) believed this denial of death stemmed from a genuine fear of it. This is not a recent phenomena, because throughout history, humans have feared death. Epicurus and his apostles in ancient Greece described death as a barrier to human happiness (Cookson, 1990).

Modern psychologists and philosophers have associated a fear of death with psychosis (Starvevic, 1989), religious beliefs (Chaggaris & Lester, 1989; Westman & Brackney, 1990), low self-esteem (Davis, Bremer, Anderson, & Tramill, 1983), chronological age (Feifel & Branscomb, 1973; Keller, Sherry, & Piotrowski, 1984), and gender differences (Sipes, Rardin, & Fitzgerald, 1985; and Robbins, 1989). Mental health professionals have discovered that regardless of a person's reason(s) for fearing death, one fact remains consistent: There exists a common negation of fear of death at the verbal level (Feifel & Branscomb, 1973; p. 283).

This verbal negation of fear of death may be related to a number of variables. First, it may be due to a conscious effort to avoid realistically accepting the inevitable. Second, perhaps, it is due to an unpreparedness to look at

death candidly and introspectively. Third, one may deem it "weak" or "cowardly" to admit to fearing death. Finally, it may be due to the fact that one's genuine feelings cannot or should not be expressed (Feifel & Branscomb, 1973).

Assisting in the facilitation of effective therapy requires a skillful counselor and an expressive client. Even the most gifted counselors experience frustrating encounters with clients who will not willingly and openly discuss society's "taboo" topics. Discussing personal thoughts, feelings, and beliefs about death is discouraged in Western culture and many people are comfortable with completely avoiding the topic.

From an Adlerian perspective, it is absolutely essential to know a person's private logic in order to understand the individual. One way of learning about the individual's private logic is through exploration of Early Recollections (ER's). The retention of these ER's is due to their consistency with the individual's style of life; hence they provide hints and clues which are invaluable for attempting to find the person's direction in life and his/her life's goals (Elliott, Fakouri, & Hafner, 1993). Alfred Adler (1958) stated, "There are no chance memories; out of an incalculable number of impressions which meet an individual, he chooses to remember only those which he feels however darkly, to have a bearing on his situation" (p. 73). There seems to be a relationship between an individual's

current way of meeting life and what is recalled about childhood.

In order to assist counselors in the facilitation of grief and loss therapy, a death-awareness-communication study was conducted. The purpose of the study was to measure the levels of verbal and non-verbal death-related self-disclosures of college students.

The specific hypotheses to be tested in the study were:

1. Degree of congruence between lower levels of elaborateness of Early Recollections (ER's) and higher levels of fear of death will be significant for the "verbal" group.
2. Degree of congruence between higher levels of elaborate ER's and subjects who completed non-verbal self-reports will be significant.
3. Degree of congruence between subjects' whose ER's are vivid and negative and high fear of death scores will be significant.
4. The degree of congruence between equal averages from fear of death scores will be significant. However, the ER's from the "verbal" group will give little indication of fear of death, whereas the ER's of the "non-verbal" group will.

Method

Subjects

Sixty-one graduate and undergraduate students enrolled at The University of Arizona were chosen at random and were asked to participate in this study. Subjects were pooled from a convenience sample and were asked to complete a three-part questionnaire. Fifty-five participants were female and eight were male. Their ages ranged from 18 to 56, and the average age was 27.

Instrumentation

The Collett-Lester Fear of Death Scale (C-LFDS) was used in this study. Collett and Lester (1969) developed their fear of death scale in order to measure one's fear of death and fear of dying, as well as the fear of someone else's death and dying experiences. The C-LFDS was recently revised (Lester, 1990) in order to include a "more balanced number of items in each subscale, and a simplified scoring system" (p. 451). This recent revision also allows for unrestricted use of the C-LFDS by "any researcher who so desire to use it" (p. 461).

The C-LFDS consists of thirty-two questions. The questions are divided into four separate subscales, which have eight questions in each. The focus of each subscale are as follows: (1) YOUR OWN DEATH, (2) YOUR OWN DYING, (3) THE DEATH OF OTHERS, and (4) THE DYING OF OTHERS. Each question in each subscale is to be answered in relation to

how disturbed and anxious one is made by the presented aspects of death and dying. Each answer is scored on a Likert scale ranging from 5 to 1; the 5 corresponds to a "very disturbed" answer and 1 means the subject is "not disturbed" by the presented question.

The maximum points scored in each section is forty. The maximum amount of points scored on the C-LFDS is one hundred and sixty. The scores of one hundred-sixty and zero do not respectively mean one is extremely fearful of death, or not afraid of death at all. It may infer a correlation exists; however, the scores are meaningful only when they are compared to the norm of each particular group of subjects.

Subjects were asked to express their earliest recollections of their first three significant experiences that introduced them to how and why all living beings die. They were asked to convey their thoughts, feelings, and beliefs about their past experiences.

The Manaster-Perryman manifest Content Early Recollection Scoring Manual (M-PMCERSM) (Manaster & Perryman, 1974) was used for analysis of the content of the early recollections. The Manual contains forty-two variables which are divided into seven clusters: Characters, Themes, Concerns With Detail, Setting, Active/Passive, Internal/External Locus of Control and Affect.

Procedure and Results

The first stage of this study involved distributing the questionnaire to the 61 University students. All of the "non-verbal" subjects, the students who completed the C-LFDS and the ER questionnaire privately, were asked to participate in the study at the end of an introductory meeting. The meeting had been prearranged by the subjects themselves in order to discuss matters unrelated to the study. To ensure privacy, the researcher left the room after providing an in-depth explanation of the study's purpose in addition to the proper procedure needed to complete the questionnaire. The subjects were asked to leave their completed self-report questionnaires in a large envelope in order to protect their anonymity. Data were collected from the subjects in this manner for two months.

The second stage of this study involved distributing the same questionnaire to the "verbal" group of students, who were interviewed for their ER's and were then asked to complete the C-LFDS privately. All subjects in the "verbal" group were obtained in the exact same manner as the "non-verbal" subjects. There was one major difference between the gathering of information in this group. The "verbal" subjects were interviewed by an anonymous research assistant. The subjects were asked to verbalize their three ER's, as the research assistant recorded the information on

the questionnaires. When the interview was over, the research assistant instructed the subjects to complete the attached C-LFDS and place it in the large, clasp envelope. After delivering the instructions, the research assistant left the room to ensure privacy.

The reasoning behind the "verbal" groups instructions to verbalize their ER's and then privately complete the C-LFDS is twofold. First, it tests the hypothesis that death is a "taboo" subject, and many individuals will not verbalize their true feelings. Second, it tests the hypothesis that both "verbal and non-verbal" groups will have similar fear of death scores, the manner in which they are conveyed most comfortably is what is significant.

The third and final stage of this study involved tabulating and interpreting the results. The final tabulated demographic results for the "non-verbal" group are as follows:

1. "n" = 31
2. 30 were Anglo and 1 was Hispanic
3. All were religious except for 5 individuals
4. Range of ages: 19-56
5. Average age: 30
6. 28 subjects were female and 3 were male
7. 75% of subjects were Juniors, Seniors, and Graduate Students.

The final tabulated demographic results for the "verbal" group revealed the following:

1. "n" = 30
2. 28 were Anglo and 2 were Hispanic.
3. All were religious except for one individual
4. Range of ages: 18-42
5. Average age: 22
6. 25 subjects were female and 5 were male.
7. 80% of the subjects reported being Sophomores and Juniors.

The scores on the C-LFDS for the "non-verbal" group yielded a range of 66-137 and a mean score of 101. The highest possible score which might indicate an intense fear of death, was 160. The C-LFDS scores for the "verbal" group ranged from 76-151, and had a mean score of 111. No significant difference was found between the two groups' C-LFDS scores. As a result, the first half of Hypothesis #4 was supported. No significant differences were found between fear of death scores and gender, ethnicity, age, and religiosity. Despite a lack of significant differences between fear of death scores and demographics, the ER's yielded some interesting results.

In the "non-verbal" group, the subjects self-disclosed more information about their ER's than did the "verbal" group. As a result, Hypothesis #2 was supported. The "non-verbal" group's ER's contained more characters, different

themes, more detail, different settings, were more active in nature, had a greater sense of internal control, and had a great deal of emotion and affect. In addition, more information pertaining to an individual's fear of death or lack thereof could be ascertained with greater ease and accuracy for subjects in the "non-verbal" group. As a result, the second half of Hypothesis #4 was supported.

It was hypothesized that differences between lower levels of self-disclosure and higher levels of fear of death for the "verbal" group would be significant. Hypothesis #1 was supported. Subjects in the "verbal" group, who had little or no ER information, averaged 113 on the C-LFDS. In contrast, subjects in the "verbal" group who had more detailed ER's (be reminded that these ER's were much less detailed than the ER's of the "non-verbal" group) averaged 88 on the C-LFDS. Subjects in the "non-verbal" group feared aspects of their own death only 11% of the time. In comparison, the "verbal" group feared aspects of their own death 37% of the time. These percentages may not be significantly different, although they may be correlated with a lack of verbal self-disclosure and remembrance of ER's.

It was hypothesized that the degree of congruence between vivid ER's and high fear of death scores would be significant. Subjects whose ER's were vivid and traumatic consistently scored higher on the C-LFDS. These vivid ER's

that were frequently described as "traumatic", included close relatives (mothers, spouses, children, etc.), consistently remembered feeling confused about the death and about his/her role in the experience (often felt useless), felt confused about emotions, felt overwhelmed with sadness, and had an external locus of control. More specifically, they consistently reported feeling like an "outsider" in the death-related experience. They felt left-out mainly because they were told not to attend the funeral or the wake. It was also interesting to note subjects who could remember being made to touch their deceased relative as he/she was laying-in-state, consistently had high fear of death scores (121-151). In contrast, the subjects who scored low on the C-LFDS (60-74), described ER's that had little or no emotion, had themes of denial and a lack of acknowledgement of the death, and contained the deaths of pets, distant friends, and relatives.

Discussion

The results of this study provide preliminary support for the hypothesis that individuals might feel more comfortable relaying information about their feelings and beliefs toward death if they could choose to do so non-verbally. It also supported the hypothesis that a verbal testimony or report alone may not be explicitly conveying one's true innermost feelings about death and dying. While it is not appropriate to suggest a unidirectional, causal

relationship between verbal reports of death-related thoughts, feelings, fears, and beliefs and inaccurate expressions of one's inner-self; the results do suggest interesting issues for counselors and researchers to explore. One major design limitation should be noted. The sample size, while large enough to test the hypotheses, could have provided a broader range of information had it been more diverse and evenly distributed among gender and ethnicity.

Clearly, more research in this area is needed. Questions related to how effective non-verbal interventions can facilitate counselor-client discussions regarding death and dying will be important to pursue.

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